



This form is issued under authority of MCL 421.1, et seq. You must file this form if you wish to utilize magnetic tape reporting of employee data in lieu of filing Form UIA 1017.

## WAGE DATA TRANSMITTAL FOR MAGNETIC MEDIA

SUBMIT IN TRIPLICATE

<b>TO:</b>  <div style="text-align: center;">             State of Michigan              Department of Labor &amp; Economic Growth              UNEMPLOYMENT INSURANCE AGENCY              Multi-Service Center              14333 Woodrow Wilson              Detroit, MI 48238           </div>	1	<b>FROM:</b> (Employer or Employer Representative Name, Address, City, State, Zip Code)	2
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Individual employee wage data for the following employer(s) is submitted on the enclosed magnetic tape file in lieu of the *Wage Detail Report*, Form UIA 1017. The file is formatted according to the standard established by the UIA. If you have any questions, contact the Wage Record Unit at 313-456-2760 (TTY customers use 1-866-366-0004).

EMPLOYER NAME	UIA ACCOUNT NUMBER (10-Digit #)	TOTAL WAGES

Continue on additional Form UIA 1050 if necessary.

Quarter Ending Date _____ Month    Day    Year	Number of Employees _____	Record Count _____	Tape Density  <b>3480 COMPATIBLE CARTRIDGE ONLY</b>
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Contact Person _____ (Please Print Clearly)	Telephone Number _____
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**— FOR OFFICE USE ONLY —**

Date Received	Date Processed	Date Returned
Date Corrected Tape Received	Date Corrected Tape Processed	Date Corrected Tape Returned